

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>52</i>	<i>01/16</i>
<b>FORMALITY REVIEW</b>	<i>R</i>	<i>972</i>	<i>11-19-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>LC</i>	<i>1024</i>	<i>12-13-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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12-13-01